



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**

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**APPLICATION FOR TRAINING FUNDS  
NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Organization or business requesting funds \_\_\_\_\_

Entity providing training (if different) \_\_\_\_\_

Amount Requested \_\_\_\_\_

Name of Program \_\_\_\_\_ Training Contact Hours \_\_\_\_\_

Date(s) of Training \_\_\_\_\_ Location of Training \_\_\_\_\_

Goal(s) of Training \_\_\_\_\_

Target audience for training \_\_\_\_\_ Expected number of attendees \_\_\_\_\_

Names of instructors (please attach biographical information) \_\_\_\_\_

Amount of registration, tuition or fee charged per attendee to attend training \_\_\_\_\_

Sources of funding other than grant and percentage of funding of each \_\_\_\_\_